|  |                  |  |                                       |                               |                     |                                   |          | Application or Docket Number |                        |        |                               |                        |  |  |
|--|------------------|--|---------------------------------------|-------------------------------|---------------------|-----------------------------------|----------|------------------------------|------------------------|--------|-------------------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO  |                  |  |                                       |                               |                     |                                   |          |                              |                        |        |                               |                        |  |  |
| Effective January 1, 2003  |                  |  |                                       |                               |                     |                                   |          |                              | 10,66820               |        |                               |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                  |  |                                       |                               |                     |                                   |          | SMALL ENTITY TYPE            |                        |        | OTHER THAN<br>OR SMALL ENTITY |                        |  |  |
| TOTAL CLAIMS   |                  |  | 69                                    |                               |                     |                                   | R        | ATE                          | FEE                    | 1      | RATE                          | FEE                    |  |  |
| FOR  |                  |  | NUMBER FILED                          |                               | NUMB                | ER EXTRA                          | BAS      | IC FEE                       | 376.00                 | OR     | BASIC FEE                     | 750.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |                  |  | 69 minus 20=                          |                               | • (                 | - 29                              |          | \$ 9=                        |                        | OR     | X\$18=                        | 882                    |  |  |
| INDEPENDENT CLAIMS   |                  |  | Ug m                                  | nus 3 =                       | •                   |                                   |          | X42=                         |                        | OR     | X84=                          | 85.                    |  |  |
| MULTIPLE DEPENDENT CLAIM P   |                  |  | HESENT                                |                               |                     |                                   | +140=    |                              | OR                     | +280=  |                               |                        |  |  |
| • #  | the difference   | in column 1 is                             | less than zero, enter "0" in column 2 |                               |                     |                                   |          | TAL                          |                        | OR     | TOTAL                         | 1714                   |  |  |
| CLAIMS AS AMENDED - PART II  |                  |  |                                       |                               |                     |                                   |          |                              | L                      | ,      | OTHER                         |                        |  |  |
|  |                  | (Column 1)                                 | (Column 2) (Column                    |                               |                     | (Column 3)                        | Sh       | ALL                          | ENTITY                 | OR     | SMALL                         |                        |  |  |
| AMENDMENT A  |                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER                 | PRESENT<br>EXTRA                  | R        | ATE                          | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total            | • 70                                       | Minus                                 | * 6                           | 9                   | - /                               | X        | 9=                           |                        | OR     | <b>490</b>                    | 50                     |  |  |
| AME  | Independent      | • 4  | Minus                                 | ••• /                         | 4_                  | - ()                              | ×        | 42=                          |                        | OR     | 60(4)                         | 0                      |  |  |
| PHIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                  |  |                                       |                               |                     |                                   |          | <b>40</b> =                  |                        | 00     | +280⇒                         |                        |  |  |
| 23455  |                  |  |                                       |                               |                     |                                   |          | TOTAL                        |                        | OR     | TOTAL                         | 100                    |  |  |
| 4-607 (Column 1) . (Column 2) (Column 3)   |                  |  |                                       |                               |                     |                                   |          | ADDIT. FEE OR ADDIT. FEE     |                        |        |                               |                        |  |  |
|  | 001              | (Column 1)                                 |                                       | (Cotur                        |                     | (Column 3)                        |          |                              |                        |        |                               |                        |  |  |
| AMENDMENT B  |                  | REMAINING<br>AFTER<br>AMENDMENT            |                                       | NUM<br>PREVIO<br>PAID         | DUSLY               | PRESENT<br>EXTRA                  | R        | ATE                          | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total            | • 70                                       | Minus                                 | **                            | 70                  | - /                               | x        | 9=                           | •                      | OR     | X\$18=                        |                        |  |  |
|  | Independent      | NTATION OF MI                              | Minus                                 | PENDENT                       | CI AIL              | -/-                               | ×        | 12=                          |                        | OR     | X84=                          |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                  |  |                                       |                               |                     |                                   | 11       | 40=                          |                        | OR     | +280=                         |                        |  |  |
|  | .( .7            | ,  |                                       |                               |                     |                                   |          | TOTAL<br>T. FEE              |                        | OR     | YOYAL<br>ADOIT, FEE           |                        |  |  |
| 10-407 (Column 1) (Column 2) (Column 3)  |                  |  |                                       |                               |                     |                                   |          |                              |                        |        |                               |                        |  |  |
| AMENDMENT C  |                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                       | PREVIO PAID                   | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA                  | P.       | NTE                          | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL        |  |  |
|  | Total            | • 109                                      | Minus                                 |                               | ,O,                 | - /                               | XS       | 9=                           | 165                    | RO     | X\$18=                        | FEE                    |  |  |
|  | Independent      | • 4  | Minus                                 | ***                           | ł                   | - /                               |          |                              |                        |        |                               |                        |  |  |
| Ľ  | FIRST PRESE      | NTATION OF MI                              | JETIPLE DEI                           | PENDEN                        | CLAIM               |                                   | <u> </u> | 2=                           |                        | OR     | X84=                          |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |                  |  |                                       |                               |                     |                                   |          |                              |                        |        | +280=                         |                        |  |  |
| "If the Progress Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL  ADDIT. FEE  OR  ADDIT. FEE |                  |  |                                       |                               |                     |                                   |          |                              |                        |        |                               |                        |  |  |
| -  | The "Highest Num | moer Previously Pal<br>ober Previously Pal | d For (Total o                        | o space t<br>r Independe      | ent) is the         | n 3, enter "3."<br>Nighest number |          |                              | propriate box          | in col |                               |                        |  |  |